changes it to paracasein. Breast milk contains small amounts of casein and small amounts of soluble calcium with relatively large amounts of sodium and potassium. The action of rennin on breast milk results in no curdling or the production of a very small amount of very finely divided curds. Breast milk enters the mouth, stomach and intestines in a liquid state. It does not form large curds in the stomach and cannot block the pylorus. Cows' milk or any of its modifications contain large amounts of casein and soluble calcium with relatively small amounts of sodium and potassium. The action of rennin on these milks or their modifications, owing to the high casein and soluble calcium contents, results in the production of large flocculent curds, which at body temperature may coalesce and form large masses. These masses are a mixture of paracasein, fat and milk salts. Cows' milk or any of its modifications enters the mouth and stomach as a liquid, but in the stomach a part of the milk may be separated into curds by the action of the rennin. These curds may become very large and may block the pylorus. They may remain in the stomach for days and may be added to by subsequent feedings. Fresh cows' milk does not curdle on addition of rennin. Curd formation depends on acidity.

Lesions of the Corpus Striatum in Childhood, with a Report of Clinical Cases (Illustrating Various Syndromes).—CROTHERS (*Am. Jour. Dis. Children,* August, 1921) says that a number of syndromes characterized by disturbances of associated movements, variation in muscle tone and speech defects are definitely associated with sharply defined localized lesions of the corpus striatum. They are easily distinguished in typical cases from spastic pyramidal tract syndromes and from ordinary chorea. In atypical cases confusion arises and careful sorting out of signs is necessary. Critical reëxamination of children showing involuntary movements over a period of months or years reveals unsuspected cases. The cases of this series demonstrate the dangers of relying on casual impressions in judging mental states when speech defects and motor disorders complicate the picture. From every point of view the study of cases of the type described here is well worth while. The present classification is purely tentative and is too rigid. The author's experience indicates that these disorders are not rarities, but that general attention to them has not been stimulated. The corpus striatum may not be the only area involved. Many other lesions may complicate and obscure the picture.

Some Observations on the So-called Inanition Fever of the Newborn.—GRULEE and BONAR (*Arch. Ped.,* July, 1921) reported at the meeting of the American Pediatric Society that they had studied 183 newborn infants with regard to the transitory fever which frequently occurs during the first few days of life, and which has not been accounted for satisfactorily. It is apparently a febrile condition simple in nature. Observations were made on the weight for the first five days; the percentage of greatest loss; the highest daily temperature for five days; the quantity of breast milk for this time period; the quantity of water for the same length of time; the total foods taken for these days; the estimated loss by vomiting; the total number of stools; icterus if present and upon what day it appeared. The cases were divided into groups according to weight. For normal cases the average weight loss was 6.2 per cent; for 46 cases with a temperature between 99.2° and 100° the weight loss was 6.2 per cent; for 16 cases with a temperature between 100.2° and 102°, the average weight loss was 11.2 per cent. While at first glance this appeared to be significant, if the individual cases were carefully examined it would be found that among the cases with normal temperature the loss of weight was as great as 17.3 per cent, which was higher than any case with fever. There could not be shown any regular relationship between the quantity of fluids ingested and the occurrence of fever. Some cases seemed to show a relationship between the fever and the food ingested, but others seemed to give an opposite result. The conclusion was made that the temperature rise was not regularly to be explained on the basis of dehydration. It has been suggested that he temperature elevation may be due to the absorption of some protein product, either bacterial or other.

Malnutrition in Children of the Well-to-do.—KERLEY, LORENZE and DUBOSE (*Arch. Ped.*, July, 1921) presented this paper at the meeting of the American Pediatric Society. They described a type of cases of malnutrition where the child remained persistently an inferior individual from a physical standpoint. In the majority of these cases two features stood out prominently. These were deficient food intake or imperfect digestion, though the caloric intake was not necessarily below the normal requirements. It was found that these cases fell into groups. First there were those cases in which there was a maladjustment of the different food elements. Usually butter cream and 4 per cent milk fat had been crowded. From the caproic standpoint the children had been fed above their requirements on a non-growing diet. The essential foods, meats, cereals, vegetables and fruits were taken indifferently. In the management of these children the fact must be recognized that there must be a healthy desire for food, and this can be created by the withdrawal of fats and sugars in large measure. Three meals should be given daily at five-hour intervals, and nothing but water should be allowed between meals. A low fat and sugar diet should be given. In the second group hyperacidity of the stomach juices causes a defective food intake and malnutrition largely through the production of a poor appetite. The chief symptom of hyperacidity is a lack of desire for food. In cases of long standing this is accompanied by nausea and vomiting. Pain and discomfort are greatest before the meals. Gastric analyses were made in 51 cases between the ages of two and eight years. A total acidity ranging from 38 to 138 was found. Normal acidity is usually considered as ranging from 30 to 40. In this group etiological factors include candy and ice-cream, irregularity in meal hours and faulty feeding. This type of patient usually responds to dietetic treatment. Three meals suitable for the age are to be given and nothing is allowed between meals except water. Extremes of heat and cold should be avoided. Condiments, candy, pastry and raw fruits are excluded. It is important that a daily evacuation of the bowels be ensured. The third group of cases comprise those in which defective intestinal mechanics delay the emptying of the stomach. Defective food intake and poor appetite are usually found in those in whom there is a stomach residue after four and a half hours. In order that a child have a normal